

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/568621** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1		1		
3	1			1		
4		1			1	
5	1			1		
6		1			1	
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36	2			1		
37	2			1		
38	2			1		
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41	2			1		
42	2			1		
43	2			1		
44	2			1		
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TOTAL IND.	1		1			
TOTAL DEP.	52	←	43	←		←
TOTAL CLAIMS	53	██████████	44	██████████		██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					████	████
TOTAL DEP.					████	████
TOTAL CLAIMS					██████████	██████████